

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING



Board of Dentistry

APPLICATION INSTRUCTIONS AND FORMS FOR A DENTIST AND DENTAL HYGIENIST LICENSE IN THE DISTRICT OF COLUMBIA

Your interest in becoming licensed as a dentist or dental hygienist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a dentist or dental hygienist license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Dentistry will review your application. The Board of Dentistry normally meets once a month. The Board meets the 2nd Wednesday of each month except for May and August when the Board does not meet at all. Upon final approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Dentistry
825 N. Capitol Street, NE
Suite 2224
Washington, DC 20002

If you have any questions, call HPLA's **toll-free** Customer Service line at 1-877-258-9217 between 8:15 a.m. and 4:45 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required notarization or with incorrect fees will be return in their entirety, including fees. Please print or type all information except signatures.

EXAMINATIONS AND FILING DEADLINES

Examinations

DC “Take Home” Law Exam – ALL applicants must pass an examination answer sheet on the rules and regulations governing the practice of dentistry and dental hygiene in the District of Columbia. In order to expedite the processing of your license application, the Board of Dentistry has authorized a “take home” law examination.

Both the DC Dental and Dental Hygienist “Take Home” Law Exams are included in this application packet. Make sure you take the **correct exam** and complete the **correct answer sheet** for your license type. Submit your completed answer sheet with your license application.

National Board Exam – Dental applicants must have successfully passed the National Board of Dentistry Exam while dental hygienist applicants must have successfully passed the National Board of Dental Hygiene Exam. An official copy of your exam results must accompany your license application or be forwarded directly to HPLA on behalf of the Board. To obtain exam scores contact:

Joint Commission on National Dental Examinations
211 East Chicago Avenue
Suite 1846
Chicago, IL 60611
(312) 440-2500

NERB Exam - You may contact NERB to apply for and schedule your exam while your license application is pending. All applicants must submit official North East Regional Board (NERB) examination results. Please contact NERB directly to make sure that your results are forwarded to the Board. Applicants may only rely on scores of exams taken within the ten (10) year period prior to the date of application.

The North East Regional Board of Dental Examiners (NERB) exam shall be offered at least five times per year during the months of September, November, February, April and July. NERB schedules candidates, administers examinations, scores examinations, and notifies candidates of examination results. Examination fees are paid directly to NERB. For additional information, please contact:

North East Regional Board of Dental Examiners, Inc.
8484 Georgia Ave.
Suite 900
Silver Spring, MD 20910
(301) 563-3300

Or visit their website www.nerb.com

Filing Deadlines

There are no filing deadlines for submitting your application for a dentist or dental hygienist license in the District of Columbia.

Pending Applications

Pending license applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a dental or dental hygiene license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

1. A complete and notarized application, including payment and required supporting documents (see list on application form); and
2. Two recent passport-type photos of the applicant's face, measuring approximately 1" x 1" with the applicant's named printed on the back. Home snapshots or computer photographs are not acceptable.
3. Character Reference List - List (on a separate sheet of paper) of the names and addresses of three responsible persons (other than relatives, instructors, or employers) who have known you for at least one year and can attest to your character.
4. Official Transcript of Degree, indicating type of degree and date it was conferred on
5. Completed Clean Hands Form
6. Completed DC "Take Home" Law Exam Answer Sheet
7. Official National Board Exam Results
8. Official NERB Exam Results

All applicants licensed in another state/jurisdiction must also submit:

1. Certified Letters of Good Standing

All applicants applying via reciprocity must also submit:

1. Letter of Certification from reciprocal state

Dental applicants licensed in another state/jurisdiction must also submit:

1. Current (within the last two months) National Practitioners Databank Report – To obtain a report, please contact:

National Practitioners Databank – Healthcare Integrity & Protection Databank
P.O. Box 10832
Chantilly, VA 20153-0832

Or visit their website: www.npdb-hipdb.com

All applicants educated in Foreign Countries

- a. All Foreign applicants must have an American or Canadian DDS or DMD degree for dentistry and an American or Canadian dental hygiene degree for dental hygiene.

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License Type / Fees

- a. The methods for becoming licensed in the District of Columbia are outlined below. Check the correct origin code and description on page 1 in section one of your new license application.

Endorsement (N) Successful completion of the North East Regional Board of Dental Examiners (NERB) examination within the ten (10) year period prior to the date of submission of this license application.

Reciprocity (C) Hold a license in good standing in one of the following states: Connecticut, Illinois, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, and West Virginia.

- b. The abbreviation (noted below) for the license type for which you are applying is listed in section 1 of the application. The corresponding license description is listed as the following:

License Abbreviation	License Description
DEN	Dentist
HYG	Dental Hygienist

- c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order duplicate licenses (for \$26 fee each, etc.). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.
- d. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to Promissor and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund.

For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Method	Application Fee	License Fee	DC Take Home Law Exam	Total Due
DEN	Endorsement or Reciprocity	\$89	\$195	\$26	\$310
HYG	Endorsement or Reciprocity	\$39	\$104	\$26	\$169

*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be

imposed for dishonored checks (Public Law 89-208).

DC Dentist and Dental Hygienist licenses expire on December 31 of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire, submission of continuing education, and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to HPLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package *or* requested to be sent under separate cover to HPLA on behalf of the Board of Dentistry.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

Dental applicants must submit an official transcript from a dental school in a sealed envelope indicating successful completion of any educational program in the practice of dentistry. Transcripts must reflect the date of graduation and the type of degree that was conferred. The signature is required of the Dean or Registrar of any institution recognized by the Commission on Dental Accreditation of the American Dental Association (ADA) at the time the applicant graduated.

Dental Hygienist applicants must have successfully completed an educational program in the practice of dental hygiene for at least two (2) academic years. The dental hygienist applicant must:

- a. submit an official transcript (with seal) from an institution that was accredited at the time the degree was conferred by the Commission on Dental Accreditation of the American Dental Association (ADA) as proof of successful completion of two academic years of schooling. The official transcript must reflect the date of graduation and the type of degree that was conferred. This transcript may be sent directly from the school; but it is preferred that the transcript accompany the application in a sealed envelope.

Section 6B. Postgraduate Experience

List all experience since graduation from dental or dental hygiene/professional school in reverse chronological order, beginning with the most recent at the top.

Section 6C. Professional Licenses In Other States / Jurisdictions

List all states and jurisdictions in which you have ever held a similar professional license.

If you are applying by reciprocity, you must submit a letter of certification signed by the appropriate official from one of the jurisdictions listed below stating that you are licensed and in good standing in that jurisdiction. The states/jurisdictions that have reciprocal agreements with the District of Columbia are:

- | | | | |
|-----------------|-----------------|----------------|-----------------|
| • Connecticut | • Michigan | • Ohio | • West Virginia |
| • Illinois | • New Hampshire | • Pennsylvania | |
| • Maine | • New Jersey | • Rhode Island | |
| • Massachusetts | • New York | • Vermont | |

All applicants licensed in other state(s)/jurisdiction(s) must submit certified letters of good standing from all states/jurisdictions in which they are licensed.

Dentist applicants licensed in another state(s)/jurisdiction(s) must also submit a current (within the last two months) National Practitioners Databank Report.

Section 7. Screening Questions

If you answer “no” to question A or “yes” to questions B through L, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. Licensee Affidavit

Your application must be notarized by a notary public in any state or jurisdiction. It can be, but does not need to be notarized by a notary public within the District of Columbia.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA’s website at www.dchealth.dc.gov or call HPLA’s Customer Service number at 1-877-258-9217. The form numbers that make up this package are:

Dentist, New License Application
 Chapter 40 Municipal Health Occupations General Rules Regulations
 Chapter 41 Municipal Health Occupations Administrative Procedures Regulations
 Chapter 42 Dentist Regulations
 Chapter 43 Dental Hygienist Regulations
 Dental, New License Instructions
 Clean Hands Form
 Dentist Written, Take-Home Law Examination
 Health Occupations Revision Act (HORA)

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing dentistry licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing dentistry and dental hygiene are included in *DC Municipal Regulations Title 17, Chapters 40, 41, 42 and 43*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Dentistry if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF DENTIST AND DENTAL HYGIENIST LICENSURE REQUIREMENTS

License Type	Application Method	Notarized License Application	Two 1" x 1" Photos	Character Reference List	Official Transcript (No Copies)	DC "Take Home" Law Exam Answer Sheet ¹	Official National Board of Dentistry Exam Results (No Copies)	Official National Board of Dental Hygiene Exam Results (No Copies)	Official NERB Exam Results ² (No Copies)	Clean Hands Form	Certified Letters of Good Standing ³ (if applicable)	Letter of Certification from Reciprocal State (if applicable)	Current National Practitioners Databank Report ⁴ (if applicable)	Name Change Documents	Check or Money Order ⁵
Den	Endorsement	X	X	X	X	X	X	O	X	X	X	O	X	X	X
	Reciprocity	X	X	X	X	X	X	O	X	X	X	X	X	X	X
HYG	Endorsement	X	X	X	X	X	O	X	X	X	X	O	O	X	X
	Reciprocity	X	X	X	X	X	O	X	X	X	X	X	O	X	X

X = Required

O = Not required

¹ The DC Dental "Take Home" Law Exam should be included in this application packet. Make sure you have the correct exam and complete the correct answer sheet for your license type.

² You may contact NERB to apply for and schedule your exam while your license application is pending. Applicants may only rely on scores of NERB exams taken within the ten (10) year period prior to the date of application.

³ Certified letters of good standing from all states/jurisdictions are required only if the applicant is licensed in other state(s)/jurisdiction(s).

⁴ A current (within the last two months) National Practitioners Databank Report must be submitted only if the dentist applicant is licensed in another state(s)/jurisdiction(s).

⁵ Check or money order MUST be made payable to **Promissor**.